

FORM NO. 3. MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

WHU N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

N. H. McCaw, of Columbia.

McCaw,

<p>(1) PLACE OF BIRTH County of <u>Abbeville</u></p>		<p>CERTIFICATE OF BIRTH STATE OF SOUTH CAROLINA. Bureau of Vital Statistics State Board of Health</p>		<p>File No. <u>For State Registrar Only</u> 13325</p>	
<p>Township of _____ or Inc. Town of <u>Abbeville</u></p>		<p>Registration District No. <u>1-A</u></p>		<p>Registered No. <u>43</u> (For use of Local Registrar)</p>	
<p>City of _____ (If birth occurs in a hospital or other institution, give name of same instead of street and number.)</p>		<p>(No. <u>137</u> <u>Third St.</u> St.; <u>2nd</u> Ward)</p>		<p>If child is not yet named, make supplemental report as directed</p>	
<p>(2) Full Name of Child <u>Thaddeus Howell</u></p>					
<p>(3) BOY OR GIRL? <u>Boy</u></p>		<p>(4) Twin or Triplet? <u>X</u></p>		<p>(5) Number in order of birth <u>X</u></p>	
<p>(6) Are Parents Married? <u>Y</u></p>		<p>(7) DATE OF BIRTH <u>May 19</u></p>		<p>(None of Month) (Day) (Year)</p>	
<p>FATHER.</p>			<p>MOTHER.</p>		
<p>(8) FULL NAME <u>Thaddeus Howell</u></p>			<p>(14) NAME BEFORE MARRIAGE <u>Minnie White</u></p>		
<p>(9) PRESENT POSTOFFICE OF FATHER <u>Abbeville</u></p>			<p>(15) PRESENT POSTOFFICE OF MOTHER <u>Abbeville</u></p>		
<p>(10) COLOR OR RACE <u>White</u></p>			<p>(16) COLOR OR RACE <u>White</u></p>		
<p>(11) AGE AT LAST BIRTHDAY <u>34</u> (Years)</p>			<p>(17) AGE AT LAST BIRTHDAY <u>33</u> (Years)</p>		
<p>(12) BIRTHPLACE <u>Laurens Co</u></p>			<p>(18) BIRTHPLACE <u>Gar</u></p>		
<p>(13) OCCUPATION <u>Mill work</u></p>			<p>(19) OCCUPATION <u>Housewife</u></p>		
<p>(20) Number of children born to mother, including present birth <u>11</u></p>			<p>(21) Number of children of this mother now living, including present birth <u>8</u></p>		
<p>CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*</p>					
<p>(22) I hereby certify that I attended the birth of this child, who was <u>born alive</u> at <u>1 PM</u> on the date above stated. (Hour A. M. or P. M.)</p>					
<p>(23) (Signature) <u>[Signature]</u></p>					
<p>(24) State whether Physician or Midwife (25) Address of Physician or Midwife <u>Abbeville S.C.</u></p>					
<p>Given name added from a supplemental report</p>					
<p>(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)</p>					
<p>(27) Filed <u>May 20</u> 1915 (28) <u>J. G. Perrin</u> Local Registrar</p>					
<p>*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.</p>					
<p>Registrar <u>1</u> Local Registrar</p>					
<p>*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.</p>					